FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011022 06/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 000) Initial Comments {C 000} Report by Glenn Hoppin CONSTRUCTION SECTION A Biennial Follow-up Survey was conducted on June 10, 2015 starting at 12:00PM and ending at HIL 07 2015 12:30PM. Not all of the previously cited deficiencies were corrected. Therefore, further RECEIVED action is required. The remaining deficiencies that were observed are as follows: (C 174) Building Equipment Maintained Safe, Operating {C 174} SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. New window Screens This Rule is not met as evidenced by: housebeen pid up. 1. The window screens and the screen doors all have damaged or missing screens. Repair or replace all damaged or missing screens. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the Dryervent has necessary repairs once completed forward documentation to our office verifying compliance. Laxif Res The Dryer vent is disconnected from the dryer. Attach the dryer vent using the proper hardware to prevent it from becoming disconnected again.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

06/10/2015-GH- At the time of the follow-up

TITLE

(XII) DATE

STATE FORM

b-30. If continuation sheet 1 of 4

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 06/10/2015 FCL011022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (205)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 174} Continued From page 1 {C 174} survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance. There is a large build up of lint and debris has been eleaned behind the dryer. Clean all lint and debris from behind the dryer. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance. New Floor-new sink 4. In the bathroom on the left side of the building the vanity is leaking underneath the sink. Have a new Tiles qualified individual repair the leak. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, and any other supporting documentation concerning this repair. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance. 5. In the bathroom on the left side of the building you peer gove the toilet is leaking at the wax seal. The toilet is also loose and needs to be resecured to the floor. Have a qualified individual repair the leak. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, and any other supporting documentation concerning this repair.

06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 06/10/2015 FCL011022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY (C 174) (C.174) Continued From page 3 necessary repairs once completed forward documentation to our office verifying compliance. 10. The ventilation fan in the right bathroom is not working. Have a qualified individual repair or replace the fan. Provide the DHSR Construction has been taken section with copies of all invoices, work orders, Care of receipts, and any other supporting documentation concerning this repair. 06/10/2015-GH- At the time of the follow-up survey it was confirmed that the previously cited deficiency remain uncorrected, make the necessary repairs once completed forward documentation to our office verifying compliance.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FAIRVIEW FAMILY CARE HOME # 1 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732						
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{C 174}	Continued From page 2		{C 174}			
	deficiency remain unecessary repairs of documentation to or the vanity is leaking qualified individual r DHSR Construction invoices, work order	ncorrected, make the ince completed forward or office verifying compliance. On the right side of the building underneath the sink. Have a repair the leak. Provide the section with copies of all rs, receipts, and any other ntation concerning this repair.		has been don	e	
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	working. Have a qua replace the fan. Pro section with copies	an in the left bathroom is not alified individual repair or ovide the DHSR Construction of all invoices, work orders, her supporting documentation air.		Yous been done	2	
	survey it was confirm deficiency remain un necessary repairs of documentation to out 9. There is peeling p Have a qualified indi- bathroom ceilings. If Construction section work orders, receipts documentation cond	with copies of all invoices, s, and any other supporting erning this repair.		your peer gove		
	survey it was confirm	the time of the follow-up ned that the previously cited incorrected, make the				